



Credit Card Payment Authorization Form

Make payments to Custom Denture Lab by using your Visa, Master or American Express Card.

Just complete and sign this form to get started!

Contact Information

I _____ authorize Custom Denture Lab to charge my credit card indicated below for payments towards my statement balance.

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Credit Card Information

Card Holder Name: _____ Card Number: _____

Expiration Date: _____ CVV: (3 digit number on back of card) _____

By my signature, I certify that I have signatory capacity with this credit card company to authorize charges on this credit card on behalf of my company. If the charges are declined, I personally and individually guarantee the payment of the above charges. If my case details change after my case has already started production, I acknowledge that I am responsible for the loss on production costs and chair time for said case. Before Custom Denture Lab ships my completed case, I acknowledge that I am required to pay half of my case cost prior to the start of the fabrication process. Payment in full is required prior to the final prosthesis being shipped. I acknowledge that future orders may be charged to this credit card – subject to the same terms and conditions as this authorization, and a confirmation provided if I request it.

Signature: _____ Date: _____